

**GOVERNMENT-WIDE PURCHASE CARD (GPC) PROGRAM
APPROVING OFFICIAL ACCOUNT SET-UP / MAINTENANCE FORM**

APPROVING OFFICIAL (AO) DATA:

(_____)
(RCO use)

AO Name & Rank / Grade: _____

AO's Unit Name: _____

Official Unit Address:

Line 1: (**Unit # or CMR#**) _____

City: A P O, State: A E Zip Code: _____ - _____

Telephone Number: DSN _____ - _____

Fax Number: DSN _____ - _____

Email Address: _____

VERIFICATION DATA: (Answer one of the following)

Mother's Maiden Name: _____ Pet's Name _____

List the cardholders who will be under your Approving Official's purview:

Name and account number of Approving Official being replaced (if applicable):

_____ - _____ - _____ - _____

COMMANDERS Approval: (Name, Signature, Date, DSN Number)

SPENDING LIMITS: (Resource Management / Comptroller Action)

Monthly Office Limit: \$ _____ (Total of all Cardholders' Monthly Purchase Limits)

RMO/Comptroller Approval: (Name, Signature, Date & DSN Number)

******* ALL FORMS MUST BE SUBMITTED THROUGH YOUR RESOURCE MANAGEMENT OFFICE
FOR THEIR ACTION AND APPROVAL PRIOR TO BEING SUBMITTED TO THE RCO*******

In addition to this application, the AO applicant must submit the following additional forms attached below. All signatures must be submitted as ORIGINALS as they are forwarded to DFAS for billing statement signature verification.

DD Form 577 – APPOINTMENT / TERMINATION RECORD – AUTHORIZED SIGNATURE
GPC Certifying Officer Statement of Agreement

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE
(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397, 31 U.S.C. §§ 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers.

PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointment.

SECTION I - FROM: COMMANDER/APPOINTING AUTHORITY

1. NAME (First, Middle Initial, Last)	2. TITLE	3. DOD COMPONENT/ORGANIZATION
4. DATE (YYYYMMDD)	5. SIGNATURE	

SECTION II - TO: APPOINTEE

6. NAME (First, Middle Initial, Last)	7. SSN	8. TITLE
9. DOD COMPONENT/ORGANIZATION	10. ADDRESS (Include ZIP Code)	
11. TELEPHONE NUMBER (Include Area Code)	12. EFFECTIVE DATE OF APPOINTMENT (YYYYMMDD)	
13. POSITION TO WHICH APPOINTED (X one)		

☐ **CERTIFYING OFFICER** ☐ **ACCOUNTABLE OFFICIAL** ☐ **OTHER** (Specify)

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE:

Purchase Card Certifying Officer (CO) to Kaiserslautern FAO, Unit 23122, APO AE 09227.

Authority: AR: 37-103 and DFAS-IN Regulation 37-1, (dtd Sept. 95) Chapter 20 and Appendix G.

Purpose: To certify following payment vouchers and documents:

- a. Government Purchase Card Contractor invoices covering purchases and services obtained with the Government purchase card.
- b. Abwicklungsschein (German tax relief form).

15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED:

DoDFMR, Vol. 5, chapter 33;

SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in the box below.

16. PRINTED NAME (First, Middle Initial, Last)	17. SIGNATURE
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SECTION IV - TERMINATION OF APPOINTMENT

The appointment of the individual named above is hereby revoked.		18. EFFECTIVE DATE (YYYYMMDD)	19. APPOINTEE INITIALS
20. NAME OF COMMANDER/APPOINTING AUTHORITY	21. TITLE	22. SIGNATURE	

GOVERNMENT-WIDE PURCHASE CARD (GPC) PROGRAM
CERTIFYING OFFICER
STATEMENT OF AGREEMENT

1. By signature hereon, I acknowledge my appointment as a certifying officer. I have received and fully understand the written and oral instructions pertaining to the certification of GPC official invoices from the Finance Officer or designated representative. I have read and understand my responsibilities and accountability.
2. I understand that I have entered an agency relationship with the Finance Officer. I further understand that I can be held pecuniarily liable in my own right or in conjunction with the Finance Officer for payments that I have certified, which later are determined to be illegal, improper, or incorrect. I understand that this appointment will remain in effect until revoked in writing by you (or your successor).
3. Attached for your approval is the completed DD Form(s) 577, Signature Card.

Certifying Officer Name (PRINT)

Certifying Officer Signature

Date

Phone